



## What to Fax/Mail to MassHealth after Submitting a Virtual Gateway Application

### Mailing Documents to the Central Processing Unit (“CPU”) Or the MassHealth Enrollment Centers (“MEC”)

The following documents must be mailed to CPU, OR the appropriate MEC if ANY applicant is age 65 or older and not a parent/caretaker relative of a child under 19, within three business days of submitting an application (clicking “Submit”) on the Virtual Gateway.

- Electronic Application Signature Page (2-page form, or one page from the VG Bedside Tool, if applicable)
- Permission to Share Information (PSI) form
- Absent Parent Questions and Assignment of Rights (if applicable)
- Eligibility Representative Designation Form (if applicable)
- DDU verification, if applicable

Please mail them to--

**CENTRAL PROCESSING UNIT  
PO BOX 290794  
CHARLESTOWN, MA 02129-0214  
ATTN: ELECTRONIC PROCESS**

**REVERE MEC  
300 OCEAN AVENUE  
SUITE 4000  
REVERE MA 02151**

**SPRINGFIELD MEC  
333 BRIDGE STREET  
SPRINGFIELD MA 01103**

**TAUNTON MEC  
21 SPRING STREET, SUITE 4  
TAUNTON MA 02780**

**TEWKSBURY MEC  
367 EAST STREET  
TEWKSBURY MA 01876**

Please  
send  
“Attn.:  
CIT  
Team”

**Before mailing them, follow these steps:**



# What to Fax/Mail to MassHealth after Submitting a Virtual Gateway Application

## Step 1:

Obtain Signatures on appropriate forms:

- Electronic Application Signature Page (2-page form, or one page from the VG Bedside Tool if applicable)
- Permission to Share form
- Absent Parent Questions and Assignment of Rights (if applicable)
- Eligibility Representative Designation Form (if applicable)
- DDU verification (if applicable)

**Absent Parent Questions and Assignment of Rights**

**MassHealth Permission to Share Information (PSI) Form**

**Executive Office of Health and Human Services**

**Electronic Application Signature Page**

**Application for Health and Human Services**

Application Number: 18246

Date: October 04, 2004 16:46:19 PM

**Programs**

Applying for programs: Child Care, Food Stamps Benefits, MassHealth (includes Healthy Start and Children's Medical Security Plan (CMSP)), Women, Infant and Children (WIC) Services, Women's Health Network (WHN)

**Head of Household Name and Address**

Name: Samuel Sample

## Step 2:

Complete the Virtual Gateway Cover Sheet.

**VIRTUAL GATEWAY**  
Common Intake Process  
MassHealth  
Cover Sheet

**APPLICATION DATE:**

**APPLICATION NUMBER:**

**Facility Information**

Facility Name: \_\_\_\_\_

Sender's Phone No: \_\_\_\_\_

Sender's Name: \_\_\_\_\_

**Head of Household (HOH) Information**

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Soc. Sec No: \_\_\_\_\_

Please include this cover sheet when faxing or mailing any documents to MassHealth.  
Verifications should always be faxed: Signature pages (two-page applicant's signature pages, absent parent assignment of rights pages, ERD signature page, PSI signature page, PCA signature pages, and DDU supplements) should always be mailed.

Verifications should be faxed within three business days from the date of the application to avoid a delay in processing to the CPU, or to the appropriate MEC if ANY applicant is age 65 or older and not a parent/caretaker relative of a child under 19. For all applications, after three business days have passed, please fax verifications to the appropriate MEC. Signature papers must be mailed to the MEC or CPU, as appropriate.

**FAX NUMBERS**

CPU: 617-241-6020      Reverse MEC: 781-485-3405  
Springfield MEC: 413-785-4180      Taunton MEC: 508-828-4611  
Tewksbury MEC: 978-863-9217

Place a checkmark (✓) in the appropriate space below identifying the attached verification(s) or signature pages.

Income – FAX ONLY

Immigration – FAX ONLY

Assets (bank accounts, stocks, bonds, life insurance, etc): ONLY for applications containing ANY applicants age 65 or older and not a parent/caretaker relative of a child under 19 – FAX ONLY

Other Health Insurance (other than Medicare) – FAX ONLY

DDU Supplement—ORIGINAL – MAIL ONLY

PSI (Permission to Share Form) – MAIL ONLY

ERD (Eligibility Referral Designation)—ORIGINAL – MAIL ONLY

Signature pages—ORIGINAL, 2-page – MAIL ONLY

Other \_\_\_\_\_

This facsimile transmittal may contain information that is privileged, confidential, or exempt from disclosure under applicable law. It is intended for the use of only the individual or department to which it is addressed. If you are not the recipient, or the employee or the agent responsible for the delivery of this transmittal to the intended recipient, please notify the sender by telephone at the above number and destroy the attached documents. Anyone other than the intended recipient is hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited.



## What to Fax/Mail to MassHealth after Submitting a Virtual Gateway Application

### Step 3:

Label ***all*** forms/ documents mailed or faxed to the CPU (or MEC) with the Virtual Gateway Application No., Head of Household name and Social Security number.

Executive Office of Health and Human Services	
Electronic Application Signature Page	
Application for Health and Human Services	
Application Number:	18246
Date:	October 24, 2004 16:46:19 PM
Programs	
Applying for programs:	Child C (include Children Women Women
Head of Household Name and Address	
Name:	Samuel Sample

**Application No. 18246  
(Example)**

### Step 4:

#### Mail within 3 business days:



CENTRAL PROCESSING UNIT  
PO BOX 290794  
CHARLESTOWN, MA 02129-0214  
ATT: ELECTRONIC PROCESS

REVERE MEC  
300 OCEAN AVENUE  
SUITE 4000  
REVERE MA 02151

SPRINGFIELD MEC  
333 BRIDGE STREET  
SPRINGFIELD MA 01103

TAUNTON MEC  
21 SPRING STREET, Suite 4  
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TEWKSBURY MEC  
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Please  
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## What to Fax/Mail to MassHealth after Submitting a Virtual Gateway Application

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### Faxing Verifications to the Central Processing Unit Or the MassHealth Enrollment Centers

The following documents must be FAXED to the CPU, OR to the appropriate MEC if any applicant is age 65 or older and not a parent/caretaker or relative of a child < 19, within three business days of submitting an application on the Virtual Gateway.

- Earned Income –
  - 2 pay stubs or,
  - if self-employed the most recent tax return or,
  - as a last resort, a signed, written declaration when pay stubs or tax returns are not available can be used and must include gross amount and number of hours worked
- Immigration – Fax (Green card, etc.)
- Health Insurance Cards – Fax
- Unearned income such as alimony, dividends, interest, rental income
- Assets (bank accounts, stocks, bonds, life insurance, etc): **ONLY** for applications containing ANY applicants age 65 or older and not a parent/caretaker relative of a child under 19

Please fax them to

<b>Charlestown CPU</b>	<b>617-241-6020</b>
<b>Revere MEC</b>	<b>781-485-3405</b>
<b>Springfield MEC</b>	<b>413-785-4180</b>
<b>Taunton MEC</b>	<b>508- 828-4737</b>
<b>Tewksbury MEC</b>	<b>978-863-9217</b>

The following documents are not required for MassHealth:

- Driver's license
- Utility bills
- Homeless verifications
- Proof of no income

**Before faxing verifications, follow these steps.**



# What to Fax/Mail to MassHealth after Submitting a Virtual Gateway Application

## Step 1:

Collect and label all verifications.

Label **all** forms/documents mailed or faxed to the CPU (or MEC) with the Virtual Gateway Application No., Head of Household name and Social Security number.

Executive Office of Health and Human Services	
Electronic Application Signature Page	
Application for Health and Human Services	
Application Number:	18246
Date:	October 24, 2004 16:46:19 PM
Programs	
Applying for programs:	Child Care, For (includes Health Children's Med Women, Infant Women's Health
Head of Household Name and Address	
Name:	Samuel Sample

**Application No. 18246  
(Example)**

## Step 2:

Complete a Virtual Gateway Cover Sheet.

VIRTUAL GATEWAY Common Intake Process MassHealth Cover Sheet									
APPLICATION DATE:									
APPLICATION NUMBER:									
Facility Information	Head of Household (HOH) Information								
Facility Name:	Name:								
Sender's Phone No:	DOB:								
Sender's Name:	Soc. Sec No:								
<p>Please include this cover sheet when faxing or mailing any documents to MassHealth. Verifications should always be faxed. Signature pages (two-page applicant's signature pages, absent parent assignment of rights pages, ERD signature page, PSI signature page, PCA signature pages, and DDU supplements) should always be mailed.</p> <p>Verifications should be faxed within three business days from the date of the application to avoid a delay in processing to the CPU, or to the appropriate MEC if ANY applicant is age 65 or older and not a parent/caretaker relative of a child under 19. For all applications, after three business days have passed, please fax verifications to the appropriate MEC. Signature papers must be mailed to the MEC or CPU, as appropriate.</p> <table border="1"><thead><tr><th colspan="2">FAX NUMBERS</th></tr></thead><tbody><tr><td>CPU: 617-241-6020</td><td>Revere MEC: 781-485-3405</td></tr><tr><td>Springfield MEC: 413-785-4180</td><td>Taunton MEC: 508-828-4611</td></tr><tr><td colspan="2">Tewksbury MEC: 978-863-9217</td></tr></tbody></table> <p>Place a checkmark (✓) in the appropriate space below identifying the attached verification(s) or signature pages.</p> <p>Income - <b>FAX ONLY</b></p> <p>Immigration - <b>FAX ONLY</b></p> <p>Assets (bank accounts, stocks, bonds, life insurance, etc): <b>ONLY</b> for applications containing ANY applicants age 65 or older and not a parent/caretaker relative of a child under 19 - <b>FAX ONLY</b></p> <p>Other Health Insurance (other than Medicare) - <b>FAX ONLY</b></p> <p>DDU Supplement—ORIGINAL - <b>MAIL ONLY</b></p> <p>PSI (Permission to Share Form) - <b>MAIL ONLY</b></p> <p>ERD (Eligibility Referral Designation)—ORIGINAL - <b>MAIL ONLY</b></p> <p>Signature pages—ORIGINAL, 2-page - <b>MAIL ONLY</b></p> <p>Other</p> <p><small>This facsimile transmittal may contain information that is privileged, confidential, or exempt from disclosure under applicable law. It is intended for the use of only the individual or department to which it is addressed. If you are not the recipient, or the employee or the agent responsible for the delivery of this transmittal to the intended recipient, please notify the sender by telephone at the above number and destroy the attached documents. Anyone other than the intended recipient is hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited.</small></p>		FAX NUMBERS		CPU: 617-241-6020	Revere MEC: 781-485-3405	Springfield MEC: 413-785-4180	Taunton MEC: 508-828-4611	Tewksbury MEC: 978-863-9217	
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## What to Fax/Mail to MassHealth after Submitting a Virtual Gateway Application

<b>Step 3:</b>  Fax verifications to the CPU, or the appropriate MEC if any applicant is age 65 or older and not a parent/caretaker or relative of a child < 19.	<b>Fax with VG Cover Sheet to</b>  <table><tr><td><b>Charlestown CPU</b></td><td><b>617-241-6020</b></td></tr><tr><td><b>Revere MEC</b></td><td><b>781-485-3405</b></td></tr><tr><td><b>Springfield MEC</b></td><td><b>413-785-4180</b></td></tr><tr><td><b>Taunton MEC</b></td><td><b>508-828-4811</b></td></tr><tr><td><b>Tewksbury MEC</b></td><td><b>978-863-9217</b></td></tr></table> <div><b>Note: The timely faxing of verifications (income, and or assets and immigration) will ensure more efficient processing of any MassHealth application (electronic VG or paper MBR).</b></div>	<b>Charlestown CPU</b>	<b>617-241-6020</b>	<b>Revere MEC</b>	<b>781-485-3405</b>	<b>Springfield MEC</b>	<b>413-785-4180</b>	<b>Taunton MEC</b>	<b>508-828-4811</b>	<b>Tewksbury MEC</b>	<b>978-863-9217</b>
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<b>After 3 Business Days...</b>	<b>After 3 business days, mail signature pages and fax verifications to the local MEC. Please be sure to label all documents and use the VG Cover Sheet.</b>										

